

**DENTAL DESIGNATION WORKSHEET****PROPOSED SERVICE AREA**

County: \_\_\_\_\_

MSSA #/NAME: \_\_\_\_\_

Census Tract: \_\_\_\_\_

**POPULATION AND PROVIDERS**

Perm Resident Civillian	_____
Seasonal Residents	_____
Effective Tourists	_____
Low Income (200% POV)* <u>0.0</u> %	_____
Poverty Population (100% POV)	_____
Migrant Farm Workers	_____
Seasonal Farm Workers	_____
Medicaid Eligible*	_____
Homeless	_____
Other	_____
<b>TOTAL ADJUSTED POPULATION</b>	_____

Total Providers: _____
Provider FTE: _____
Pop to Provider Ratio: _____ (>=5000:1/4000:1 with High Needs)
<b>Sliding Fee Scale FTE Evaluated</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Nearest Source of Care</b>
Miles: _____ Minutes: _____
<input type="checkbox"/> Met <input type="checkbox"/> Non-Met <input type="checkbox"/> Frontier

**Other Information (Check If High Needs)**

- ☐ \_\_\_\_\_ 100% of Poverty Rate (>= 20%)
- ☐ No Flouridated water

\*Low-income/Medicaid Eligible designations require 30% at 200% of poverty.

**DENTAL DESIGNATION WORKSHEET**

<b>Proposed Area Name:</b>	<b>Population Center:</b>	<b>Socio-Economic Characteristics of Proposed Area:</b>
		100% Poverty _____ 200% Poverty _____ Ethnic/Racial _____

<b>Contiguous Area is:</b> <b>MSSA #/Name:</b> _____																
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**DENTAL DESIGNATION WORKSHEET****Nearest Source of Care**☐ See previous pages

To: \_\_\_\_\_

Distance by: ☐ Auto ☐ Bus ☐ Other**Source:**☐ Rand McNally Atlas☐ Maps-on-us☐ Other: \_\_\_\_\_

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**Applicant Reminders:**☐ Census Map Area/Contig Resources☐ Map Area/Contig Resources☐ FTE Spreadsheet☐ Road Map Area/Contig Resources☐ Map of route to nearest source of care☐ Letter**Applicant Requests:**☐ Designate ☐ Continue ☐ Reinstate**Rational:**☐ Meets criteria☐ Other

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Notes: \_\_\_\_\_

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